

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		2-8-00
O.I.P.E. CLASSIFIER		15	2-25-00
FORMALITY REVIEW	M.M.	71629	4-6-00
RESPONSE FORMALITY REVIEW	M.M.	71629	6-28-00

# INDEX OF CLAIMS

✓ ..... Rejected  
○ ..... Allowed  
- (Through numeral) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Best Available Copy

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If more than 150 claims or 10 actions  
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